

## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

09/28/92

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD982273831

FACILITY NAME -> CAMIN CARGO CONTROL INC

MAILING ADDRESS -> PO BOX 600 THOROFARE, NJ 08086

INSTALLATION ADDRESS -> 1301 METROPOLITAN AVE LOT 3 M32A

THOROFARE, NJ 08086

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION II 26 FEDERAL PLAZA NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

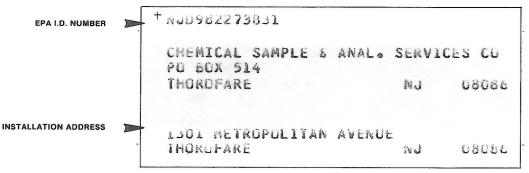
TO: BERGER, ERIC
LABORATORY MGR
CAMIN CARGO CONTROL INC
1301 METROPOLITAN AVE
LOT 3 M32A
THOROFARE, NJ 08086



#### ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act(RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.



EPA Form 8700-12B (4-80)

10/27/57

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Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act). United States Environmental Protection Agency Washington, DC 20460 **SEPA** Notification of Hazardous Waste Activity For Official Use Only Comments C C **Date Received** day) Installation's EPA ID Number Approved (vr. ma. Name of Installation E M I II. Installation Mailing Address Street or P.O. Box Ρ lo В 0 5 3 1 4 City or Town H R 0 R R E J 0 8 6 III. Location of Installation Street or Route Number 5 3 0 M E Т R 0 P 0  $\mathbf{L}$ I  $\mathbf{T}$ N V E A A City or Town ZIP Code Η 0 R E IV. Installation Contact Name and Title (last, first, and job title) Phone Number (area code and number) 0 J  $\mathbf{E}$ N I Y Y E N R B P 7 RE S 6 8 2 2 V. Ownership A. Name of Installation's Legal Owner B. Type of Ownership (enter code) H E N R Y В. J I Y VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.) A. Hazardous Waste Activity **B. Used Oil Fuel Activities** 1a. Generator ☐ 1b. Less than 1,000 kg/mo. 6. Off-Specification Used Oil Fuel 2. Transporter (enter 'X' and mark appropriate boxes below) 3. Treater/Storer/Disposer a. Generator Marketing to Burner 4. Underground Injection b. Other Marketer 5. Market or Burn Hazardous Waste Fuel C. Burner (enter 'X' and mark appropriate boxes below) a. Generator Marketing to Burner 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification ☐ b. Other Marketer C. Burner VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.) B. Industrial Boiler C. Industrial Furnace VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es) B. Rail C. Highway D. Water ☐ E. Other (specify) IX. First or Subsequent Notification Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below. C. Installation's EPA ID Number M A. First Notification B. Subsequent Notification (complete item C)

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EPA Form 8700-12 (Rev. 11-85) Reverse

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EPA I.D. NUMBER -> NJD982273831

FACILITY NAME -> CAMIN CARGO CONTROL

MAILING ADDRESS -> 1301 METROPOLITAN AVE THOROFARE, NJ 08086

**INSTALLATION ADDRESS ->** 

1301 METROPOLITAN AVE THOROFARE, NJ 08086

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY **REGION II** 26 FEDERAL PLAZA **NEW YORK, NEW YORK 10278** 

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: BERGER, ERIC MGR CAMIN CARGO CONTROL 1301 METROPOLITAN AVE THOROFARE, NJ 08086

DATE: 8/28/92

PLEASE NOTE YOUR CHECKLIST MUST ACCOMPANY YOUR RESUBMITTAL, AND YOUR NOTIFICATION FORM MUST BE RE-SIGNED AND DATED IN THE CERTIFICATION BLOCK.

CHECKLIST OF REASONS
NOTIFICATION OF REGULATED WASTE ACTIVITY, EPA FORM 8700-12
CANNOT BE PROCESSED

ా. Facility Name	E. CAMIN CARGO CONTROL	7	72
1)	Name of Installation is incomplete.		08
2) 🗸	Location of Installation is insufficient.  Please provide the street number, cross street, rural delivery number marker, block/lot number, room/suite number, floor number, section N, E, S, or W wing. For rural sites, a box number located at the site Box) is acceptable. If you cannot provide a clearer address, please explanation.	on numo <u>e</u> (not a	er, or PO
3)	Installation Mailing Address is incomplete.		
4)	Ownership information is incomplete.		
5)	Hazardous Waste Activity under Type of Regulated Waste Activity	is incor	nplete
6)	Certification is insufficient.  Please provide an <u>original</u> signature in the Certification block. Please instructions for completing the form for those authorized to sign the	ase see t le certifi	the cation
7)	Installation Contact is incomplete.  Please provide the contact person's name, job title, and phone num	ıber.	
8)	Installation Contact Address is Incomplete.		
9)	Description of Regulated Wastes is incomplete. Please refer to the Code of Federal Regulations Part 261 of Title 4 1(800)424-9346 for assistance.	40, or ca	111
10)	There is an existing EPA Identification Number for the stated inst location address you have specified.  To update any information previously provided, please resubmit you Subsequent Notification. Enter the previously assigned ID No. on the appropriate block and attach a brief explanation of the request Please re-sign the form with an original signature in the Certification.	our form the form	as a m in iges.
11)	You have submitted a Subsequent Notification form.  Please provide us with a brief explanation of the requested change	es.	
12) 🗸	Please use the updated Notification of Regulated Waste Activity (8700-12) for your submission.	EPA Fo	orm

13)	Our records indicate that an EPA ID No. has already been assigned to another facility at the same address which you have provided as your Location of Installation. The facility name is CAMIN CARGO CONTROLING
	Installation. The facility fiame is
	Chemical Sample & ANAL Services Co.
	Please indicate your facility's relationship to the above named company in the
	appropriate space(s) below.
	The above named facility is in the same building/complex.
	Please provide a more detailed address for your facility under Location of
" <b>*</b>	Installation on the form. A more specific address would include a street number,
26	cross street room/suite number, floor number, section number, block/lot
	number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO
	Box), or a rural delivery number.
	The above named facility is the current owner of the property.
	List the property owner's name and address in the comments section (Part XI) of
	your form and note them as the property owner. Please provide a detailed
	address for the property owner on the form. This should include a street number, cross street, room/suite number, floor number, section number,
	block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT
	a PO Box), or a rural delivery number.
	The above named facility is the previous owner of the property or prior
	business.  List the owner's name and address in the comments section (Part XI) of your
	form and note them as the previous property owner or previous business owner
	and complete Part VII D of your form.
	The state of the province operator at this location
	The above named facility is the previous operator at this location.
	Other. Please explain.

Form Approved. OMB No. 2050-0028. Expires 10-31-91 GSA No. 0248-EPA-OT

Flease refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act.)



# Notification of Regulated Waste Activity

**Date Received** (For Official Use Only)

1. Installation's EPA ID Number (Mark X' In the appropriate box)  A. First Norlication  B. Subsequent Norlication  (N) D 9 8 2 2 7 3 8 3 1  11. Name of installation (Include company and specific site name)  CAMINARY ARGO CONTROL INVENTED IN INCLUDE COMPANY ARGUST ARGU
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CAMINO CARGO CONTROL INCLUDIOS  III. Location of installation (Physical address not P.O. Box or Route Number)  Street    3
III. Location of Installation (Physical address not P.D. Box or Route Number)  Street  [ 3 0 ] METROPOLITAN AVE  Street (continue)  LOT 3 M3ZA  City or Town  State zip Code  County Code
Street (Continued)  LOT 3 M3ZA  Cly or Town  State ZIP Code  THOROGONIA  County Code County Name  County Code County Name  County Code County Name  County Code County Name  State ZIP Code  NJ 08086 -  County Code  County Code County Name  State ZIP Code  THOROGONIA  Cly or Town  State ZIP Code  THOROGONIA  Cly or Town  State ZIP Code  THOROGONIA  Cly or Town  State ZIP Code  THOROGONIA  Code  THOROGONIA  Code  THOROGONIA  Code  Code  THOROGONIA  Code
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County Code  County Name  GLOUCESTER  IV. Installation Mailing Address (See Instructions)  Street or P. O., Box  POBOX COUNTY  City or Town  V. Installation Contact (Person to be contacted regarding waste activities of site)  Name (last)  BERGER  IDENTIFY  Phore Number Dies code and quainer)  V. Installation Contact Address (See Instructions)  VI. Installation Contact Address (See Instructions)  A Contact Address B Streetor P O Box  IDENTIFY
IV. Installation Mailing Address (See Instructions)  Street or P. O., Box P. O. B. O. X. C. O. O. State   Zip Code  City or Town State   Zip Code  W. Installation Contact (Person to be contacted regarding waste activities at site)  Name (fast) B. E. R. G. E. R. I. C. D.
Street or P. O. BOX POBOX GOO City or Town State Zip Code THOROFARE What Box GOO What Box Good Good Good Good Good Good Good Go
City or Town  State ZIP Code  V. Installation Contact (Person to be contacted regarding waste activities of site)  Name (last)  BERGERIE  Interior  Phone Number (area code and number)  LABORATORY MANAGORIS  VI. Installation Contact Address (See Instructions)  A Contact Address  Location Maling  B. Street or P.O. Box  State ZIP Code  Phone Number (area code and number)  State ZIP Code  VII. Ownership (See Instructions)  A. Name of Installation's Legal Owner
V. Installation Contact (Person to be contacted regarding waste archities of site)  Name (Jass)  BERGER  Job Title  Phone Number (Jass code and number)  LABORATORY MANAGOG-848-3533  VI. Installation Contact Address (See Instructions)  A. Contact Actives B. Street of PO. Box  Location Malling  L. A. D. F. A. R. E. Street of PO. Box  City or Town  State 2 2ir Gode  THOROFA RE  VII. Ownership (See Instructions)
Name (last)  BERGER:  Job Title  Phone Number (area code and number)  LABORATORY MANAGOR-848-3533  VI. Installation Contact Address (see instructions)  A. Contact Address (see instructions)  A. Contact Address (see instructions)  Contact Address (see instructions)  State ZIP Code  THOROFA REFERENCE NO BOOK OF ARE  VII. Ownership (see instructions)  A. Name of Installation's Legal Owner
Job Title  Phone Number (area code and number)  LABORATORY MANAGOR-848-3533  VI. Installation Contact Address (See Instructions)  A. Contact Address (See Instructions)  A. Contact Address (See Instructions)  X. State 21P Code  THOROFARE (See Instructions)  A. Name of Installation's Legal Owner
VI. Installation Contact Address (See Instructions)  A. Contact Address (See Instructions)  A. Contact Address (See Instructions)  X. I 3 0   METROPOLITA A VE  City or Town  State 2P Gods  THOROFARE NUMBER  A. Name of Installation's Legal Owner
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City of Town.  City of Town.  THOROFARE  VII. Ownership (See Instructions)  A Name of Installation's Legal Owner.
THOROFARE NJOBO86 - VII. Ownership (See Instructions)  A Name of Installation's Legal Owner
VII. Ownership (See Instructions)  A. Name of Installation's Legal Owner
CARCOS CAMIN
Street, P.O. Box, or Route Number
230 MARTON AVE State ZIP Gode
LINDEN NJ07036-
Phone Number (area code and number)  B Land Type C. Owner Type D. Change of Owner (Date Changed)  Month Day Year  Yes No X

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IV. Installation Contact								
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☐ b. Other Marketer ☐ c. Burner	en kanimada ranko esko							
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	her (specify)							
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EPA Form 8700-12 (Rev. 11-85) Reverse

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#### UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

September 2, 1992

Eric Berger Camin Cargo Control 1301 Metropolitan Ave Thorofare, NJ 08086

Dear Sir/Madam:

The United States Environmental Protection Agency (USEPA), Region II, is returning a copy of your Notification of Regulated Waste Activity (EPA Form 8700-12) for the reason(s) indicated on the enclosed checklist. Please read the marked item(s) carefully and resubmit your form and/or explanation as indicated on the checklist. Re-sign and date your notification form with an original signature in the Certification block before resubmitting.

Please send your documentation and the enclosed checklist to the following address as soon as possible:

# USEPA - REGION II PERMITS ADMINISTRATION BRANCH 26 FEDERAL PLAZA, ROOM 505 NEW YORK, NEW YORK 10278 TELEPHONE NO. 212-264-2014

Please note that we cannot process your request until the corrected and/or additional information is provided to us. Thank you for your cooperation.

Sincerely yours,

Laura J. Livingston, Chief Permits Administration Branch

**Enclosures** 

SYMBOL=>	20PM-PA	20PM-PA				
SURNAME=>	Mac	Monter				
DATE=>	9/491	11261				

DATE: 8/28/92.

PLEASE NOTE YOUR CHECKLIST MUST ACCOMPANY YOUR RESUBMITTAL, AND YOUR NOTIFICATION FORM MUST BE RE-SIGNED AND DATED IN THE CERTIFICATION BLOCK.

## CHECKLIST OF REASONS NOTIFICATION OF REGULATED WASTE ACTIVITY, EPA FORM 8700-12 CANNOT BE PROCESSED

Facility Name	CAMIN CARGO CONTROL
1)	Name of Installation is incomplete.
2)	Location of Installation is insufficient.  Please provide the street number, cross street, rural delivery number, mile post marker, block/lot number, room/suite number, floor number, section number, or N, E, S, or W wing. For rural sites, a box number located at the site (not a PO Box) is acceptable. If you cannot provide a clearer address, please submit an explanation.
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8)	Installation Contact Address is Incomplete.
9)	Description of Regulated Wastes is incomplete. Please refer to the Code of Federal Regulations Part 261 of Title 40, or call 1(800)424-9346 for assistance.
10)	There is an existing EPA Identification Number for the stated installation at the location address you have specified.  To update any information previously provided, please resubmit your form as a Subsequent Notification. Enter the previously assigned ID No. on the form in the appropriate block and attach a brief explanation of the requested changes. Please re-sign the form with an original signature in the Certification block.
11)	You have submitted a Subsequent Notification form. Please provide us with a brief explanation of the requested changes.
12)	Please use the updated Notification of Regulated Waste Activity (EPA Form 8700-12) for your submission.

Ch	emical Sample & ANAL Services Co
Please	e indicate your facility's relationship to the above named company in the priate space(s) below.
Instal cross numb	The above named facility is in the same building/complex. e provide a more detailed address for your facility under Location of lation on the form. A more specific address would include a street numb street, room/suite number, floor number, section number, block/lot er, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO or a rural delivery number.
your faddre numb block	The above named facility is the current owner of the property. The property owner's name and address in the comments section (Part XI form and note them as the property owner. Please provide a detailed ss for the property owner on the form. This should include a street er, cross street, room/suite number, floor number, section number, /lot number, mile post marker, N, S, E, or W wing, box no. at the site (N Box), or a rural delivery number.
	The above named facility is the previous owner of the property or price business.
form	he owner's name and address in the comments section (Part XI) of your and note them as the previous property owner or previous business own omplete Part VII D of your form.
	The above named facility is the previous operator at this location.

13)

## Wellington, Ltd.

HAZARDOUS WASTE TRANSPORTER

92 MAR -4 AM II: 25 PERMITS AUMINISTRATION

3/2/92

U.S. EPA REGION II 26 Federal Plaza, Room 505 New York, NY 10278

Attn: Permits Administration Branch

I have enclosed 1 application(s) for numbering:

CAMIN CARGO CONTROL 1301 Metropolitan Avenue Thorofare, NJ 08086 EPA#

Thank you! Condip

SEPA Notif	United Sta	Washii	ngton, DC	20460			∧ oti:	ei4ve	Filing this to here	Notification The is required	<i>ion</i> befor nformati red by	re com ion reg law (3	pleting quested Section
	ilcation C	)i na	Zaru	ous	vva:		AUU	vity		of the Re ecovery A		Conse	rvation
For Official Use Only				Comme	ents								
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С													
المعمالمة	's EPA ID Numbe				Ammen	· bou	(yr.	ate Recei	ved day				
C	S EFA ID NUMBE	eı	T/A	С	Approv	/eu	177.	1110.					
F				1									
I. Name of Installation	4												
CAMINC	ARGI	0	Co	N 7	R	01							
II. Installation Mailing Ad	dress												
			Str	eet or P	O. Box								
c 1301 M	ETR	OP	OL	17	FA	N	A	VE	NL	1E			
		City or To	own							State	Z	IP Cod	de
C THOROF	ARE								/	10	08	0	86
III. Location of Installation	n_					9							
	I I I I		Street	or Rout	te Numb	per			T				
SAME													
		City or To	own					1000		State	Z	IP Coc	de
SAME													
IV. Installation Contact													
Nar C 5 0 0 0 0	ne and Title (last	first, an	d job title	1	T	Т	-T	Pho	ne Nun	ber (area	code an	nd nun	nber)
2 13 4 12 4 12 12	EK	1 0						60	9	8 4	8 3	5	5 3
V. Ownership													
Calala	A. Name of Ins	tallation'	s Legal O	wner				П	B. T	ype of Ov	vnership	) (ente	r code)
RCARLOS	CAI	mI	1								a de la constantina della cons		
VI. Type of Regulated Wa			(' in the	appro	priate	boxe	es. Ref	er to ins	structi	ons.)			
	us Waste Activi							B. Used C		Activities	3		
1a. Generator 2. Transporter	1b. Less th	han 1,000	0 kg/mo.		∐ 6. 0 (€	ff-Spe enter ')	cificatio (* and m	n Used O	il Fuel <i>priate b</i>	oxes belo	w)		
3. Treater/Storer/Disposer						☐ a.	Generat	or Marke	ting to E	urner			
4. Underground Injection						□ b.	Other M	larketer					
5. Market or Burn Hazardou (enter 'X' and mark appro		w		,		□ c. t	Burner						
a. Generator Market					□ 7. S	pecific	ation Us	ed Oil Fu	el Mark	eter (or O	n site Be	urner)	
b. Other Marketer					V	Vho Fir	st Claim	s the Oil	Meets t	ne Specif	ication		
LI c. Burner VII. Waste Fuel Burning: 1	vne of Comb	uetion	Davica	Vantar	'V' in all	anne	nrioto ho	vooto inc	lianta tu		hustian	dovice	(alin
which hazardous waste fuel or of	f-specification u	sed oil fu	el is burn	ed. See	instruc	tions f	or defin	itions of c	ombust	ion device	95.)	<i>levice</i>	(3)111
A. Utility E				ustrial E						I Furnace	9		
VIII. Mode of Transportat	ion (transport	ters onl	y — en	ter 'X'	in the	appr	opriate	e box(es		48568	G M S		
A. Air B. Rail C	C. Highway	D. Wate	er 🗆	E. Other	(specif	(V)							
IX. First or Subsequent N													
Mark 'X' in the appropriate box notification. If this is not your firs											y or a s	ubseq	uent
A. First Notification	S. Subsequent No	otification	(complet	te item (	C)	F		C. In	stallatio	n's EPA I	D Numb	er	

				11	D — For Official Use On	ly .
			C			T/A
Descri	ption of Haz	ardous Wastes (co	ontinued from front)			
Hazardo	us Wastes from	Nonspecific Sources.	Enter the four-digit number	ber from 40 CFR Part	261.31 for each listed h	azardous waste
from nor	specific sources	your installation hand	les. Use additional sheets	if necessary.		
	1	2	3	4	5	6
HI	003	No ol	N026	1		
10	00	2001	0000			
	7	8	9	10	11	12
	اللبلبل					
azardo: pecific :	us Wastes from sources vour ins	Specific Sources. Ent tallation handles. Use	er the four-digit number f additional sheets if necess	rom 40 CFR Part 261	.32 for each listed hazar	dous waste from
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	13	14	15	16	17	18
334	19	20	21	22		
T	1			- 22	23	24
	25	26	27	28	29	30
ĺ						
	37	38	39	40	41	42
	43	44	45	46	47	48
						46
sted Inf	ectious Wastes	. Enter the four-digit no	umber from 40 CFR Part 2	61.34 for each hazar	dous waste from hospita	ls, veterinary hos-
iais, 01 i	medical and rese	earch laboratories your	installation handles. Use	additional sheets if n	ecessary.	
	49	50	51	52	53	54
OFFICA:	detice of \$1. ii		NA LAWII			
ır insta	llation handles.	See 40 CFR Parts 261.	s. Mark 'X' in the boxes co .21 — 261.24)	rresponding to the ch	aracteristics of nonlisted	I hazardous wastes
П	1. Ignitable		0.0	П		
	(D001)		2. Corrosive (D002)	☐ 3. Reactive (D003)	/e	4. Toxic (D000)
Certifi	cation				SECOND SECOND SECOND	
nıs anı btaini	d all attached ng the inform	l documents, and t ation, I believe that	re personally examine that based on my ing t the submitted inform	uiry of those indi nation is true, acc	ividuals immediately curate, and complete	responsible for
	corgrillicalit	perialities for SUDIT	nitting false informati		possibility of fine an	a imprisonmen
ture	00 .		Name and Official	Title (type or print)	Same Date	Signed
	Wenja	u	VICE PR	FSIDENT	_2	124/92
	/		W / Year feet / /C	In the File of V		1-1/

EPA Form 8700-12 (Rev. 11-85) Reverse

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RCRIS: Notification View Screen 2 of 5
*EFA Id: NJD982273831 Other Id:
                                   Merae Send: Y
*Date Received(MMDDYYYY): 091187 Source( N/E/S N Non-Notifier Flag:
                                                   *
*Date Acknowledged (MMDDYYYY):
                             Send Acknowledgement:
                                                   \dot{\mathcal{H}}
*Name of Installation: CHEMICAL SAMPLE & ANAL. SERVICES CO
                                                   *
              Installation Location Address
                                                   *
*Streets:
       1301 METROPOLITAN AVENUE
                                                   米
       THOROFARE
*City#
                           State: NJ
                                    Zin: 08086
*County Code:
         015
               County Name: GLOUCESTER
                                                   *
            Installation Mailing Address
*Streets: PO BOX 514
                                                   *
*City: THOROFARE
                           State: NJ
                                    Zip: 08086
                Contact Information
                                                   *
 . Last Name
            First Name
                           Title
                                     Phone Address(M,L,O)*
                       PRESIDENT
* OJENIYO
            HENRY B
                                   6098487227
                                           *Streets: 1301 METROPOLITAN AVENUE
                                                   À.
*City:
       THOROFARE
                           State: NJ Zip: 08086
                                                   ×
*Land Type:
                                                   *
* Enter-Continue F1-Previous Scr F2-Cancel F3-Exit
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           RCRIS: Notification View Screen 3 of 5
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* EPA Id: NJD982273831
                  Other Id:
                                   Sources
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ж
                                                   W.
* Owner Sequence Number: 1
* Ownership: HENRY B. OJENIYI
                                     Type of Owner:
                                                   *
×
                                                   ×
*
               Address of Owner/Operator
                                                   *
                                                   Å.
    Street: NOQUIRED
    City: NOT REQUIRED
                                         00000
*
                          State: WY Zip Code
*
    Phone: 2125551212
 Current/Previous Indicator: CO Change Date(MMDDYY):
Ж
                                                   *
* Enter-Continue F1-Previous Scr F2-Cancel F3-Exit F5-Curr. Owner
* F6-Prev. Owner
              F8-Helo
                          F9-First
                                       F10-Next
```

(change) owner

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028. Expires 10-31-91 GSA No. 0246-EPA-OT

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

### & EPA

#### Notification of Regulated Waste Activity

Date Received (For Official Use Only)

United States Environ	nmental Prof	tection Age	ncy					
I. Installation's EPA ID Number (Mark 'X' in the appropriate b	oox)							
A. First Notification B. Subsequent Notification (complete item C)			C. Installation's EPA ID Number  11 7 0 9 8 2 2 7 3 8 3 1					
II. Name of Installation (Include company and specific site na	ame)	1.000.000	indertorts		(2) (4) (1)			
CAMIN CARGO CON	TRO	14	act de les					
III. Location of Installation (Physical address not P.O. Box or	Route Num	nber)						
Street	· · · · · · ·	1 -1 -1	1 (1 7)	., .	C. Figure			
1301 METROPOLIT	AN	AV	ENU	E	1 2 2			
Street (continued)								
City or Town	1 <del></del>	State	ZIP Code					
THOROFARE	10 P	NJ	080	8.6 -				
County Code County Name		1,3634,343		0.402000				
GLOUCESTER								
IV. Installation Mailing Address (See Instructions)								
Street or PiO. Box								
City or Town		State	ZIP Code					
			21. 000.					
V. Installation Contact (Person to be contacted regarding was	cto activitie	and site)						
Name (last)		is at site)						
BERGER HURWANA	(first)	0						
Job Title	CKI							
M 1 1 1 4 C E D	Phone NU	umber (are	a code and nu	mber)				
$m_H N_H g E R$	6 47	- 0	48-	3555				
		gir Alberta			A CONTRACTOR OF THE PARTY OF TH			
Location Mailing B. Street or P.O. Box		<del></del>						
X								
City or Town	a Pégalent	State	ZIP Code	telijanjana tensari				
		13.7		and the second				
VII. Ownership (See Instructions)								
A. Name of Installation's Legal Owner	. 54 m							
CARLOS CAMIN			mai 425 4350					
Street, P.O. Box, or Route Number					A STATE OF THE STA			
1301 METROPOLIT	AM	1 1	ENV					
City or Town	// /~		ZIP Code		52.4			
THNPAEARE	a 2 a 2 a a a	A		86 -				
B. Land Type	B C. Owner	7V 0						
Phone Number (area code and number)	3 C. Owner	Type D. C.	hange of Owne	er (Date Cha Month Da	y Year			
609-848-3533 8	P	Yes	No	123	186			

/III. Type of Regula	ted Waste Activity	(Mark 'X' in t	he appropr	iate boxes. Re	efer to in			4			
A. Hazardous Waste Activity								Activiti			
b. 100 to 1000 l c. Less than 10	1000kg/mo (2,200 lbs.) kg/mo (220 - 2,200 lbs.) 0 kg/mo (220 lbs.) cate Mode in boxes 1-ite only cial purposes rtation	) 4. h	Note: A permit his activity; se Hazardous Wan. Generator of the Mark. Burner - in Type of Co. 1. Util 2. Ind. 3. Ind.	Marketing to Bur	ner - e		a. Geb. Offic. But	enerato ther Me urner - rpe of ( 1. U 2. In 3. In fication	or Marke arkerer indicate Combus tility Boi dustrial dustrial Used C Burner)		Burner  (s) -  vice
K. Description of R	egulated Wastes (L	Jse addition:	al sheets if	necessary)							
Ignitable 2. Com (D001) (D0  3. Listed Hazardous  1 ,  7	tion handles. (See 40 rosive 3. Reactive (D003)  Wastes. (See 40 CFR 2 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	4. EP Toxic (D000) 261.31 - 33. S	(List specification)  See instruction  umber. See	10						6 12	
and all attached obtaining the info hat there are significant.	alty of law that I ha documents, and t rmation, I believe gnificant penaltie	that based that the su s for subm	on my inq bmitted in itting false	uiry of those formation is to e information	individ rue, acc i, inclu	uals i curate	mmed , and the p	com ossit	y responded	l am	le foi
gnature Berya	-	Name and	Official Title	e (type or print)	SIDENT		Date	Signe 5//	1/90	2	, 19
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<u>i., j.</u>		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	T-177-WW-		77.	10	- 7				

State of New Jersey

Department of Environmental Protection and Energy

AGENCY RO II

Manifest Section CN 421, 401 East State Street Trenton, New Jersey 08625-0421

94 JUN 10 AM 9: 07

## Request to Deactivate EPA ID Number"

	TA 000 000	001						
EPA ID No.	JD 98Z 273	831						
Company Name: _	CAMIN CARO	O CONTROL	INC					
Site Address:	301 METROPOLIT	AN AVE	THOROTE	ARE				
(street) 08086			(city	(city / town)				
and property of the latest	(state)	(zip code)	(lot)	(block)				
Mailing Address:	POBOX	600	THOROFARE					
	(street / p.o.		(city / town)					
	NJ		08086					
	(state)		(zip code)					
Company Contact:	ERIC DES	26ER	609 848 353					
	(name)		(area code and phone numb					
Reasons for deactivating EPA ID No. (Check all appropriate boxes.)  The EPA ID number was obtained for a one time cleanup which is completed.  The site has completed an ECRA cleanup (indicate ECRA Case #).  OtherARUEO FORARUEO 5000325019								
-								
Is the site presently occupied? (circle yes or no)								
Sign and date the	application below, a	nd retain the last <sub>l</sub>	page (pink copy) for y	our records.				
ERIC BE	RGER	5-	EB					
(printed name) (signature)								
	Y MANAGER	5.	- 25 94					
	1010)		(date)					

Submission of false information is a violation of N.J.A.C. 7:26-5.6 and N.J.A.C. 7:26-7.3.

copies: White - Manifest Section Yellow - USEPA Region II

Pink - Applicant

117/94 710 3/R - 3 N 10